

# AUTO CR - LOG SUMMARY #1051466

TYPE: INFO

## Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
	(None Entered)		

## Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Reporting Party Victim						M	WHI		

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
15-APR-2010 05 35 - 15-APR-2010 05 35		1923	019	303 - SIDEWALK	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
CPD Employee	TYLER, STEVEN			630 /	PO AS DETECTIVE ON Duty		THE REPORTING PARTY STATES THAT HE WAS THE VICTIM OF A BATTERY THAT WAS REPORTED UNDER RD# , AND THE ACCUSED DETECTIVE STEVEN TYLER WAS ASSIGNED TO HIS CASE HE STATES THAT THE ACCUSED DETECTIVE LOCATED THE OFFENDER, CONDUCTED A TELEPHONE INTERVIEW WITH THE OFFENDER AND RECEIVED A VERBAL CONFESSION FROM THE OFFENDER THE REPORTING PARTY ALLEGES THAT THE CHICAGO POLICE DEPARTMENT AND THE ACCUSED DETECTIVE HAVE FAILED TO PURSUE THE CASE BECAUSE THEY ARE NOT ABLE TO 'EXTRADITE' THE OFFENDER TO PRESS CHARGES

## Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
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## Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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## Incident Details

CR Required?		Manner Incident Received?	LETTER
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IAD	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

## Incident Category List

Incident Category	Primary?	Initial?
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## Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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## Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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## Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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## Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	16-FEB-2012 05:31	KLIMAS, ROBERT	COMMANDER	121 /	
PENDING ADMINISTRATIVE CLOSURE	30-JAN-2012 01:29	WATSON, JOHN	POLICE OFFICER	121 /	Admin close. Allegation as stated does not warrant investigation
PENDING ASSIGN TEAM	25-JAN-2012 10:47	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	25-JAN-2012 09:57	STEWART, DENISE	INTAKE AIDE	113 /	
PRELIMINARY	25-JAN-2012 09:53	DEAN, BRUCE	SUPERVISING INV COPA	113 /	name accused
PENDING SUPERVISOR REVIEW	25-JAN-2012 09:51	STEWART, DENISE	INTAKE AIDE	113 /	
PRELIMINARY	25-JAN-2012 08:06	STEWART, DENISE	INTAKE AIDE	113 /	

## Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					STEWART, DENISE	25-JAN-2012 08:06			
	DOCUMENTS - INTAKE INCIDENT		1	VICTIM INFORMATION NOTICE	N	STEWART, DENISE	25-JAN-2012 09:40	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	FOIA NOTICE OF RESPONSE	N	STEWART, DENISE	25-JAN-2012 09:37	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		4	RD [REDACTED]	N	STEWART, DENISE	25-JAN-2012 09:38	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		4	LETTER	N	STEWART, DENISE	25-JAN-2012 08:57	APPROVED		

## Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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## Review Accused

Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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# FACE SHEET (Notification Date: 25-JAN-2012) - LOG #1051466

TYPE: INFO

## Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD	Reporting Party Victim						M	WHI		

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
15-APR-2010 05 35 - 15-APR-2010 05 35		1923	019	303 - SIDEWALK	

## Accused Members

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
CPD Employee	Accused	TYLER, STEVEN			630 /	PO AS DETECTIVE	ON Duty	THE REPORTING PARTY STATES THAT HE WAS THE VICTIM OF A BATTERY THAT WAS REPORTED UNDER RD: AND THE ACCUSED DETECTIVE STEVEN TYLER WAS ASSIGNED TO HIS CASE HE STATES THAT THE ACCUSED DETECTIVE LOCATED THE OFFENDER, CONDUCTED A TELEPHONE INTERVIEW WITH THE OFFENDER AND RECEIVED A VERBAL CONFESSION FROM THE OFFENDER THE REPORTING PARTY ALLEGES THAT THE CHICAGO POLICE DEPARTMENT AND THE ACCUSED DETECTIVE HAVE FAILED TO PURSUE THE CASE BECAUSE THEY ARE NOT ABLE TO 'EXTRADITE' THE OFFENDER TO PRESS CHARGES

## Incident Details

CR Required?		Manner Incident Received?	LETTER
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IAD	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

## Initial Incident Category List

Initial Incident Category	Primary?
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## Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IAD	INTERNAL AFFAIRS DIVISION	-	25-JAN-2012 20 06	STEWART, DENISE	

## Status History

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	16-FEB-2012 05:31	KLIMAS, ROBERT	COMMANDER	121 /	
PENDING ADMINISTRATIVE CLOSURE	30-JAN-2012 01:29	WATSON, JOHN	POLICE OFFICER	121 /	Admin close. Allegation as stated does not warrant investigation
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PRELIMINARY	25-JAN-2012 08:06	STEWART, DENISE	INTAKE AIDE	113 /	

HANDLE WITH CARE

City of Chicago, IPRA  
1615 W. Chicago Av.  
Chicago IL  
60622

☒ Documents ☐ Commercial sample ☐ Other  
☐ Merchandise ☐ Gift Country of Origin of Goods  
Detailed description of contents (1) Qty. (2) Weight (3) Value (4) HS Tariff # (5)



City of Chicago, IPRA  
1615 W. Chicago Avenue, Chicago, IL 60622  
Dear Sir or Madam,

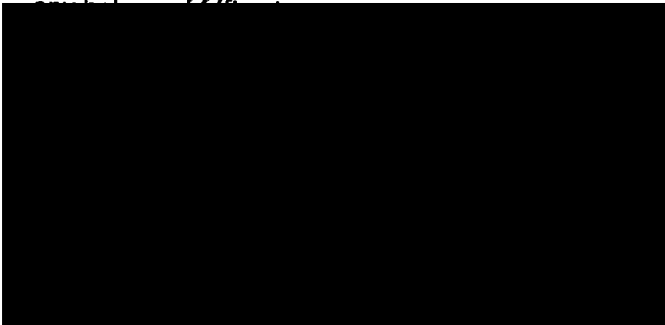
I'm writing to ask for your help with an issue that in larger scope of things may be relatively minor, but that has in a major way changed my outlook towards how criminal situations are handled by the Chicago Police Department, and its willingness and ability to serve and protect.

In brief, I was a battery victim on Addison and Southport more than a year ago. Shortly after the attack, I filed a police report, provided the beat office my attacker's vehicle information and was treated at a hospital. The ensuing investigation, lead by Detective Stephen Tyler, was able to find my assailant by the vehicle information I provided, find his address, conduct a phone interview, and receive a verbal confession regarding the preceding events. Following this, nothing happened. Detective Stephen Tyler's explanation to me was that he was not able to 'extradite' this individual to press charges, and during our numerous communiqués it was made clear to me that the CPD, at least in the face of Detective Tyler, was content with just sweeping this under the rug. I was not.

Enclosed please find my letters to Detective Tyler urging him to action and asking for help. The explanation remained the same, the 'extradition' issue and the distance were cited as the terminal factors in this case. Legalese not being my specialty I can not speak intelligently to the difficulties of finding a suspect whose phone, address and car registration are readily available. But working with the [REDACTED] I'm fairly certain that when it comes to 'extradition' that terminology has little to do with someone who lives in the same state, 90 miles south of Chicago. I have also enclosed my attempts at getting information about my case after it was made clear to me that perhaps I should look into small claims court, as the CPD seemingly deemed this case not worthy of pursuing. My efforts did not get me very far, because as you know and as you will see, the suspect's name and contact information will be blacked out, preventing any summons from being filed.

That is why I'm writing, to ask you to help me with my situation. To find out why there was so much reluctance and unwillingness to conduct this case and perhaps to urge the powers that be to see this through. I'm asking for your help because I was unable to get anywhere myself and my current deployment to [REDACTED] will make it impossible for me to continue before the statute of limitations runs out on this battery. What's upsetting to me is not so much the carelessness I may have witnessed as I tried unsuccessfully to bring this to a resolution. But knowing the [REDACTED] and other local nationals and the training mission we support, would do more for me here than my own Chicago Police Department did for me. That's a bitter taste to come home to.

Please review the enclosed documentation for further information. I sincerely thank you beforehand for



Cc: Chief Juan Rivera, Senator Richard Durbin, The Honorable Mike Quigley

[REDACTED]  
August 25, 2010

Detective Steven Tyler  
CPD 19<sup>th</sup> District  
2452 W. Belmont  
Chicago, IL 60618

Dear Detective Tyler:

This letter pertains to police report number [REDACTED] taken April 15, 2010 by officer Julie Sullivan.

As the victim of this assault and battery case I have spoken to you in the past regarding the investigation, its results and the outcome of my situation. During our initial conversations it was confirmed that the information I provided pertaining to my assailant was accurate. With that information you were able to track the vehicle and its driver to Tolano, IL and speak directly to the individuals involved in assaulting me.

As you know I had sustained physical trauma to the face and had to visit the hospital twice to remedy my condition. Due to those hospital visits and services rendered there I am now receiving bills from the attending physician and the emergency room facility itself. Initially, not knowing how much my procedures would amount to, I was hesitant to press this case further, but now that my bills have substantially escalated above one thousand dollars I no longer find myself in a position to sustain that financial burden. (Please find copies of bills enclosed) From our conversations earlier this year you made it clear that the CPD is unable to pursue this case on my behalf in Tolano, IL. You have also mentioned to me then that small claims court is a recourse that is available to me. To do just that, I now find myself in a situation where I have to ask for your help with the following: contact information for my assailant, so they can be contacted and asked to resolve this issue without legal proceedings and in case they refuse, be served with a summons. Also a copy of the police report/investigation conducted during which my assailant admitted in a phone conversation with you his direct involvement in striking me on the face.


I would be glad to come in and meet with you at your convenience or you may always reach me at [REDACTED] Thank you ahead of time for your understanding and your help.

Sincerely,

[REDACTED]

enclosed: Emergency room bills and physician bill  
CC: [REDACTED]





Detective Steven Tyler  
CPD 19<sup>th</sup> District  
2452 W. Belmont  
Chicago, IL 60618

Dear Detective Tyler:

This letter pertains to police report number [REDACTED], and references my earlier letter from August 30, 2010. This is my third attempt at contacting you by either telephone or mail asking for help, please let me know if I should turn someplace else.

It was made clear to me that the CPD is unable /unwilling to pursue this case on my behalf, likewise I was to understand that small claims court could be another means of pursuing this matter. To do just that, I would to ask you again for the same information I asked in my previous letter: "contact information for my assailant, so they can be contacted and asked to resolve this issue without legal proceedings and in case they refuse, be served with a summons. Also a copy of the police report/investigation conducted during which my assailant admitted in a phone conversation with you his direct involvement in striking me on the face".

As mentioned before, the hospital bills after my two visits are more than \$1500, and I no longer find myself able to cover that financial burden. I ask you to please not take my sporadic approach to seeing this case through as a sign of wavering intent. My work sometimes takes me out of the country on short notice, as has been the case earlier this year. I have enclosed a copy of a contract letter to better explain. In a way, we both work to serve and protect, and although the above is not necessarily intended as an attempt to evoke solidarity, I hope it does serve to explain my situation better.

I would be glad to come in and meet with you at your convenience or you may always reach me at [REDACTED]. Thank you ahead of time for your understanding and your help.

Sincerely,



enclosed: copy [REDACTED] agreement

CC: [REDACTED]



**Richard M. Daley**  
Mayor

**Department of Police • City of Chicago**  
3510 S. Michigan Avenue • Chicago, Illinois 60653

**Jody P. Weis**  
Superintendent of Police

Date: November 01, 2010

Re: NOTICE OF RESPONSE  
REQUEST DATE: October 25, 2010  
FOIA FILE NO.: [REDACTED]

Dear [REDACTED]

The Chicago Police Department is in receipt of your Freedom of Information Act (FOIA) request for: "Police report [REDACTED] and full detective sup listing assailants name and address plus admittance to crime given to detective Steven Tyler on the phone during initial contact and investigation."

Your request was reviewed by the undersigned. Upon review, it was determined that your request is granted in part and denied in part. The Department may provide you with a copy of the original case report, but only with certain information deleted. The deleted information is exempt from disclosure under the following paragraphs of the Freedom of Information Act:

5 ILCS 140/7 (1)(b) Private information, unless disclosure is required by another provision of this Act, a State or federal law or a court order.

Because the investigation of the above incident is still open and ongoing, any requests for additional records from this incident are denied under the following provisions of the Freedom of Information Act;

5 ILCS 140/7 (1)(d) Records in the possession of any public body created in the course of administrative enforcement proceedings, and any law enforcement or correctional agency for law enforcement purposes, but only to the extent that disclosure would:

- (i) Interfere with pending or actually and reasonably contemplated law enforcement proceedings conducted by any law enforcement or correctional agency that is the recipient of the request;

If I can be of further assistance, you may contact me at (312) 745-5308, or by mail at the below address:

Chicago Police Department  
Attention: Freedom of Information Officer  
Records Inquiry Section, Unit 163  
3510 S. Michigan Ave., Rm. 1027SE  
Chicago, IL 60653

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Emergency and TTY: 9-1-1 • Non Emergency and TTY: (within city limits) 3-1-1 • Non Emergency and TTY: (outside city limits) (312) 746-6000

E-mail: [police@cityofchicago.org](mailto:police@cityofchicago.org) • Website: [www.cityofchicago.org/police](http://www.cityofchicago.org/police)

CPD 0064087

Sincerely,



P.O. Jack Enter #18532  
Assistant Freedom of Information Officer  
Department of Police  
Record Services Division

You have a right of review by the Illinois Attorney General's Public Access Counselor (PAC). You can file a request for review by writing to:

Public Access Counselor  
Office of the Attorney General  
500 S. 2nd Street  
Springfield, Illinois 62706  
Phone: 312-814-5526 or 1-877-299-FOIA (1-877-299-3642)  
Fax: 217-782-1396 E-mail: [publicaccess@atg.state.il.us](mailto:publicaccess@atg.state.il.us)

If you choose to file a Request for Review with the PAC, you must do so within 60 calendar days of the date of this denial letter. 5ILCS 140-9.5(a). When filing a Request for Review, you must include a copy of the original FOIA request and this denial letter. You may also seek judicial review of a denial under 5 ILCS 140/11 by filing a lawsuit in the State Circuit Court.

GENERAL OFFENSE  
CASE REPORT  
CHICAGO POLICE

1-UCR OFF, CODE      2. SECONDARY CLASSIFICATION

3. [REDACTED]

TIME [REDACTED] V. BEAT OF OCCUR. III. BEAT/UNIT ASSIGN

SUBJECT	4. NAME [REDACTED]	APT. NO. 1	5. FIRE RELATED <input type="checkbox"/> 1 YES <input checked="" type="checkbox"/> 2 NO	6. DATE OF OCCURRENCE - TIME DAY MONTH YEAR 15 APR 10 1735	7. BEAT OF OCCUR. 1923	8. BEAT/UNIT ASSIGN 1922
	9. TYPE OF LOCATION OR PREMISE WHERE OFFENSE OCCURRED (GIVE NAME OF LOCATION IF APPLICABLE) SIDEWALK	F	10. LOCATION CODE 30.3	11. DATE R.O. ARRIVED - TIME DAY MONTH YEAR 15 APR 10 1754	12. ASSIGNED BY <input type="checkbox"/> 2 ON VIEW <input checked="" type="checkbox"/> 3 SUPERVISOR	13. C.O.S. <input checked="" type="checkbox"/> 1 C.O.S.

All information, descriptions and statements in this entire report are approximations or summarizations unless indicated otherwise.

10. NO. / VICTIMS	ADDITIONAL VICTIMS	21. TITLED	22. HOME ADDRESS (NO., DIR., STREET, APT. NO.)	23. SEX-RACE-AGE CODE	24. BUSINESS PHONE	26. TIME AVAIL.	27. OCCUPATION	28. INJURED YES' NO	29. VICTIM REL CODE
		<input type="checkbox"/>	[REDACTED]	M 230	N/A	Any	TRANSLATOR		24
		<input type="checkbox"/>	Dob [REDACTED]						
		<input type="checkbox"/>	PARENT/GUARDIAN, IF JUVENILE						
10. NO. WIFE	31. <input type="checkbox"/> 1 DAY COVERED	32. <input checked="" type="checkbox"/> WITNESSED	33. <input checked="" type="checkbox"/> REPORTED OFFENSE	M 230	N/A				
DNA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
UNK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
42. CLOTHING & ACCESSORIES	Curtain Blue Shirt / Blue Jersey / Shorts			43. SEX-RACE-AGE-HEIGHT-WEIGHT-EYES-HAIR	M 230 5'9 170 Bld (shut)	44. COMPL. IN BLACK'S SCARS, STITCHES, OR OTHER MARKS	None	45. OFFENDER REL. CODE	24

0. DNA		51. OBJECT/WEAPON <input type="checkbox"/> 1 USED <input type="checkbox"/> 2 DISPLAYED <input type="checkbox"/> 3 UNK		52. FIREARM FEATURES		53. POINT/ENTRY		54. POINT/EXIT		55. BURGLAR ALARM		56. SAFE BURGLARY METHOD		57. IF RESIDENCE, WHERE WERE OCCUPANTS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 01 HAND GUN	<input type="checkbox"/> 08 EXPLOSIVE	<input type="checkbox"/> 01 CHROME/NICKEL	<input type="checkbox"/> 01 FRONT DOOR	<input type="checkbox"/> 01 FRONT DOOR	<input checked="" type="checkbox"/> DNA	<input type="checkbox"/> 01 PUNCH	<input type="checkbox"/> 06 PEEL	<input type="checkbox"/> 01 WORK	<input type="checkbox"/> 06 OTHER				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 02 SHOTGUN	<input type="checkbox"/> 09 LIQUID/GAS	<input type="checkbox"/> 02 BLUE STEEL	<input type="checkbox"/> 02 REAR DOOR	<input type="checkbox"/> 02 REAR DOOR	<input type="checkbox"/> ON PREMISE	<input type="checkbox"/> 02 TORCH	<input type="checkbox"/> 07 OPEN	<input type="checkbox"/> 02 VISITING	<input type="checkbox"/> 07 UNKNOWN				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03 RIFLE	<input type="checkbox"/> 10 BOTTLE/GLASS	<input type="checkbox"/> 03 SHORT BARREL	<input type="checkbox"/> 03 WINDOW	<input type="checkbox"/> 03 WINDOW	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO	<input type="checkbox"/> 03 EXPLOSIVE	<input type="checkbox"/> 08 UNKNOWN	<input type="checkbox"/> 03 VACATION	<input type="checkbox"/> 08 DNA				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04 KNIFE	<input type="checkbox"/> 11 RAZOR	<input type="checkbox"/> 04 LONG BARREL	<input type="checkbox"/> 04 ROOF	<input type="checkbox"/> 04 ROOF	<input type="checkbox"/> ALARM CIRCUMVENTED	<input type="checkbox"/> 04 DRILL	<input checked="" type="checkbox"/> 08 DNA	<input type="checkbox"/> 04 WEDDING	<input type="checkbox"/> 05 FUNERAL				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05 VEHICLE	<input type="checkbox"/> 12 TRY TOOL	<input type="checkbox"/> 05 SAWED OFF	<input type="checkbox"/> 05 FLOOR	<input type="checkbox"/> 05 FLOOR	<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO	<input type="checkbox"/> 05 REMOVED							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06 BLUNT INSTRUMENT	<input checked="" type="checkbox"/> 13 HAND/FEET	<input type="checkbox"/> 06 OTHER	<input type="checkbox"/> 06 SIDE DOOR	<input type="checkbox"/> 06 SIDE DOOR	58. UNUSUAL CHARACTERISTICS OF OFFENSE				59. GANG RELATED - AFFILIATION				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 07 THROWN OBJECT	<input type="checkbox"/> 14 OTHER	<input type="checkbox"/> 07 UNKNOWN	<input type="checkbox"/> 07 OTHER	<input type="checkbox"/> 07 OTHER					<input type="checkbox"/> VICTIM				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15 DNA	<input type="checkbox"/> 15 DNA	<input checked="" type="checkbox"/> 08 DNA	<input checked="" type="checkbox"/> 08 UNKNOWN	<input checked="" type="checkbox"/> 08 UNKNOWN					<input type="checkbox"/> OFFENDER				
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> 09 DNA	<input type="checkbox"/> 09 DNA	<input checked="" type="checkbox"/> 09 DNA									

71. DESCRIBE PROPERTY IN NARRATIVE													
T = TAKEN; R = RECOVERED													
	1 MONEY	2 JEWELRY	3 FURS	4 CLOTHING	7 OFFICE EQUIPMT	8 TV, RADIO, STEREO	9 HOUSEHOLD GOODS	0 CONSUM. GOODS	(1) FIREARMS	& Narc./Dang. Drugs	5 OTHER	6 NONE	
DNA	<input type="checkbox"/> T \$ <input type="checkbox"/> R	<input type="checkbox"/> T \$ <input type="checkbox"/> R	<input checked="" type="checkbox"/> T \$ <input type="checkbox"/> R	<input checked="" type="checkbox"/> T \$ <input type="checkbox"/> R	<input type="checkbox"/> T \$ <input type="checkbox"/> R	<input type="checkbox"/> T \$ <input type="checkbox"/> R	<input type="checkbox"/> T \$ <input type="checkbox"/> R	<input type="checkbox"/> T \$ <input type="checkbox"/> R	<input type="checkbox"/> T \$ <input type="checkbox"/> R	<input type="checkbox"/> T \$ <input type="checkbox"/> R	<input type="checkbox"/> T \$ <input type="checkbox"/> R	<input type="checkbox"/> T <input type="checkbox"/> R	

UNK <input type="checkbox"/>	72. VEHICLE/TRAILER	YEAR	MAKE	BODY STYLE/COLO	V.I.N.	EXPIR. MO/YR	73. PROPERTY INVENTORY NO. 1	74. VEH. INVENTORY NO. 2
	<input type="checkbox"/> STOLEN <input type="checkbox"/> THEFT FROM <input type="checkbox"/> OFFENDER'S							

81. SOCIETY OF VICTIM  
☐ 1 SOBER ☐ 2 HBD

Two Bike & [REDACTED] Murkatown, M/2 offenders hailed victim over from the sidewalk, stating "Need Got The Man". As victim approached, offenders near sidewalk, offenders yelled "Do you want to sleep on my Duck?" Victim attempted to flee.

7. <input checked="" type="checkbox"/> <del>1</del> EXTRA COPIES REQUIRED <input checked="" type="checkbox"/> NORMAL	<input checked="" type="checkbox"/> CONF'D. <input type="checkbox"/> OTHER SIDE	92. OFFICER NOTIFIED FOLLOW-UP (YES/NO) UNIT <i>Baker</i>	UNIT NOTIFIED	PERSON <input type="checkbox"/> NOTIFIED <input type="checkbox"/> ARRIVED	DATE (DAY-MO-YR) —	TIME
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NEL	93. FIRST OFFICER <u>814</u> <u>SCOVILLE</u>	<input checked="" type="checkbox"/> R.O.	94. OFFICER NOTIFYING <input type="checkbox"/> 1ST D/S <input type="checkbox"/> E.T. <input type="checkbox"/> M.E.	PERSON <input type="checkbox"/> NOTIFIED <input type="checkbox"/> ARRIVED	DATE (DAY-MO-YR) --	TIME

95. REPORTING OFFICER'S NAME (PRINT)	STAR NO.	OFFICER'S SIGNATURE	DATE INVEST. COMPLETED TIME	97. SUPERVISOR APPROVING (PRINT NAME)	STAR NO.
Smith	19836	[Signature]	MAR 10 1990	DET. GONZALES	1345

90. REPORTING OFFICER'S NAME (PRINT)	STAR NO.	OFFICER'S SIGNATURE	APPROVING SIGNATURE	DATE APPROVED	TIME
			<i>[Signature]</i>	16 APR 10	0015

away @ which time, offenders pushed victim  
off his bike, punching him in the face,  
[REDACTED] simultaneously, causing victim to fall  
on sidewalk; victim struck his head,  
offenders fled w/B [REDACTED]. Victim  
had fallen moments later observing  
offenders getting into a vehicle traveling  
W/B [REDACTED] Flash msg. sent,  
to [REDACTED] No Avail.  
Victim injured, bleeding from mouth.  
Victim transported to [REDACTED]  
VIACPD.

Vehicle Info (offender):  
[REDACTED]

IL LIC PD: [REDACTED]

Registered to: [REDACTED]

Victim treated (RELEASED) for  
lacerations to face/stitches by  
[REDACTED] M.D., ER Admitting @ [REDACTED] [REDACTED]  
On scene: C/D A6I HAVE REVIEWED THIS REPORT  
AND BY MY SIGNATURE (INDI-  
CATE THAT IT IS ACCEPTABLE. I

SUPERVISOR'S SIGNATURE

DATE (DAY-MO-YR.)

[REDACTED] 16 APR 10

## FOR USE BY BUREAU OF INVESTIGATIVE SERVICES ONLY

ICJR OFFENSE CODE - <input type="checkbox"/> 1 CORRECT <input type="checkbox"/> 2 REVISED	REV. CODE	ICJR METHOD CODE	METHOD ASSIGNED <input type="checkbox"/> 1 FIELD <input type="checkbox"/> 2 ADMIN. <input type="checkbox"/> 3 SUMMARY	UNIT NO.	OFFICER ASSIGNED STAR NO.	DATE ASSIGNED	SUPV. STAR NO.	INVESTIGATIVE FILE <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO	REASSIGNED <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO
OFFICER REASSIGNED - STAR NO.	DATE	STATUS <input type="checkbox"/> 0 PROGRESS <input type="checkbox"/> 1 SUSPENDED <input type="checkbox"/> 2 UNFOUNDED <input type="checkbox"/> 3 CLEARED CLOSED <input type="checkbox"/> 4 CLEARED OPEN <input type="checkbox"/> 5 EXC. CLRD. CLOSED <input type="checkbox"/> 6 EXC. CLEARED OPEN <input type="checkbox"/> 7 CLOSED-NON-CRIMINAL	IF CASE IS CLEARED, HOW CLEARED (USE THIS BOX FOR SINGLE CLEAR UP OR FIRST CLEAR UP OF MULTIPLE CLEAR UP LIST) <input type="checkbox"/> 1 ARREST & PROSECUTION <input type="checkbox"/> 2 DIRECTED TO FAMILY COURT <input type="checkbox"/> 3 COMPL. REFUSED TO PROSECUTE <input type="checkbox"/> 4 COMMUNITY ADJUSTMENT <input type="checkbox"/> 5 OTHER EXCEPTIONAL			<input type="checkbox"/> ADULT <input type="checkbox"/> JUV.			
VICTIM IDENTIFIERS <input type="checkbox"/> 1 CORRECT <input type="checkbox"/> 2 REVISED	VICTIM NO.	REVISED NAME	REVISED ADDRESS			REVISED PHONE NO. <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS			
VALUE OF PROPERTY TAKEN/RECOVERED <input type="checkbox"/> 1 MONEY <input type="checkbox"/> 2 JEWELRY <input type="checkbox"/> 3 FURS <input type="checkbox"/> 4 CLOTHING <input type="checkbox"/> 5 OFFICE EQUIPMT. <input type="checkbox"/> 6 TV, RADIO, STEREO <input type="checkbox"/> 7 HOUSEHOLD GOODS <input type="checkbox"/> 8 CONSUM. GOODS <input type="checkbox"/> 9 FIREARMS <input type="checkbox"/> 10 NARC/DANG. DRUGS <input type="checkbox"/> 11 OTHER <input type="checkbox"/> 12 NONE	<input type="checkbox"/> 1 DNA <input type="checkbox"/> 2 VERIFIED <input type="checkbox"/> 3 CORRECTED	FILL IN THE FULL AMOUNT OF ONLY THOSE VALUES WHICH EITHER DIFFER FROM OR WERE NOT REPORTED ON THE REVERSE, THE NARRATIVE OR A SUPPLEMENTARY REPORT.							
LIST ALL CORRECTIONS & NEW OR ADDITIONAL NOS. OBTAINED									

REMARKS (PERTINENT INFORMATION NOT ON ORIGINAL REPORT)



PREPARED BY - SIGNATURE

STAR NO. DATE (DAY-MO-YR.)

APPROVED BY - SIGNATURE

STAR NO. DATE (DAY-MO-YR.)

1. OFFENSE/INCIDENT-PRIMARY CLASSIFICATION

1. UCB OFF, CODE 2. SECONDARY CLASSIFICATION

1. OFFENSE/INCIDENT-PRIMARY CLAS Battery

UCR OFF CODE 2. SECONDARY CLASSIFICATION  
0460 Simple

APT. NO.

5. FIRE RELATED	
-----------------	--

☐ 1 YES ☒ 2 NO

6. DATE OF OCCURRENCE - TIME  
DAY 7 MO 10 YR.

11. DATE R.O. ARRIVED - TIME	
------------------------------	--

2. ASSIGNED BY

3 SUP

SIDEWALK

LOCATION CODE  
303

11. DATE OF ARRIVED - TIME  
15 APR 1964 154

2. ASSIGNED BY

3 SUP

All information, descriptions and statements in this entire report are approximations or summarizations unless indicated otherwise.

21. NAME

## IDENTITY

22. HOME ADDRESS

23. SEX--RACE--AGE  
CODE

26. BUSINESS PHONE

26. TIME AVAILABLE: \_\_\_\_\_

27. OCCUPATION

28. INJURED  
YES NO

PARENT/GUARDIAN, IF JUVENILE

RACE CODES			
1-BLACK	3-BLACK-HISPANIC	5-AMER. IND./ASIAN	
2-WHITE	4-WHITE-HISPANIC	6-ASIAN/PACIFIC	
OFFENDER/VIEWER RELATIONSHIP CODES			
• USE CORRESPONDING CODE FOR ALL "STEP" RELATIONSHIPS • DO NOT LEAVE RELATIONSHIP CODES BLANK			
01- WIFE	09- BROTHER	17- BROTHER-IN-LAW	25- C
02- HUSBAND	10- SISTER	18- SISTER-IN-LAW	
03- FORMER WIFE	11- AUNT	19- OTHER RELATIVE	
04- FORMER HUSBAND	12- UNCLE	20- GIRLFRIEND (INCLUDES "FORMER")	
05- MOTHER	13- MOTHER-IN-LAW	21- BOYFRIEND (INCLUDES "FORMER")	
06- FATHER	14- FATHER-IN-LAW	22- FRIEND/ACQUAINTANCE	

<input type="checkbox"/> 01 HAND GUN <input type="checkbox"/> 02 SHOTGUN <input type="checkbox"/> 03 RIFLE <input type="checkbox"/> 04 KNIFE <input type="checkbox"/> 05 VEHICLE <input type="checkbox"/> 06 BLUNT INSTRUMENT <input type="checkbox"/> 07 THROWN OBJECT		<input type="checkbox"/> 08 EXPLOSIVE <input type="checkbox"/> 09 LIQUID/GAS <input type="checkbox"/> 10 BOTTLE/GLASS <input type="checkbox"/> 11 RAZOR <input type="checkbox"/> 12 PRY TOOL <input checked="" type="checkbox"/> 13 HAND/FEET <input type="checkbox"/> 14 OTHER <input type="checkbox"/> 15 DNA		<input type="checkbox"/> 01 CHROME/NICKEL <input type="checkbox"/> 02 BLUE STEEL <input type="checkbox"/> 03 SHORT BARREL <input type="checkbox"/> 04 LONG BARREL <input type="checkbox"/> 05 SAWED OFF <input type="checkbox"/> 06 OTHER <input checked="" type="checkbox"/> 07 UNKNOWN <input checked="" type="checkbox"/> 08 DNA		<input type="checkbox"/> 01 FRONT DOOR <input type="checkbox"/> 02 REAR DOOR <input type="checkbox"/> 03 WINDOW <input type="checkbox"/> 04 ROOF <input type="checkbox"/> 05 FLOOR <input type="checkbox"/> 06 SIDE DOOR <input type="checkbox"/> 07 OTHER <input checked="" type="checkbox"/> 08 UNKNOWN <input checked="" type="checkbox"/> 09 DNA		<input type="checkbox"/> 01 FRONT DOOR <input type="checkbox"/> 02 REAR DOOR <input type="checkbox"/> 03 WINDOW <input type="checkbox"/> 04 ROOF <input type="checkbox"/> 05 FLOOR <input type="checkbox"/> 06 SIDE DOOR <input type="checkbox"/> 07 OTHER <input checked="" type="checkbox"/> 08 UNKNOWN <input checked="" type="checkbox"/> 09 DNA		55. BURGLAR ALARM <input checked="" type="checkbox"/> DNA ON PREMISE <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/> ALARM CIRCUMVENTED <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO		56. SAFE BURGLARY METHOD <input type="checkbox"/> 01 PUNCH <input type="checkbox"/> 02 TORCH <input type="checkbox"/> 03 EXPLOSIVE <input type="checkbox"/> 04 DRILL <input type="checkbox"/> 05 REMOVED <input type="checkbox"/> 06 PEEL <input type="checkbox"/> 07 OPEN <input type="checkbox"/> 08 UNKNOWN <input type="checkbox"/> 09 DNA		57. IF RESIDENCE, WHERE WERE OCCUPANTS <input type="checkbox"/> 01 WORK <input type="checkbox"/> 02 VISITING <input type="checkbox"/> 03 VACATION <input type="checkbox"/> 04 WEDDING <input type="checkbox"/> 05 FUNERAL/WAKE <input type="checkbox"/> 06 OTHER <input type="checkbox"/> 07 UNKNOWN <input type="checkbox"/> 08 DNA	
58. UNUSUAL CHARACTERISTICS OF OFFENSE										59. GANG RELATED - AFFILIATION <input type="checkbox"/> VICTIM					

71. DESCRIBE PROPERTY IN NARRATIVE

T = TAKEN; R = RECOVERED

T - TAKEN; R - RECOVERED											
1 MONEY <input type="checkbox"/> T S <input type="checkbox"/> R	2 JEWELRY <input type="checkbox"/> T S <input type="checkbox"/> R	3 FURS <input type="checkbox"/> T S <input type="checkbox"/> R	4 CLOTHING <input type="checkbox"/> T S <input checked="" type="checkbox"/> R	5 OFFICE EQUIPMT. <input type="checkbox"/> T S <input type="checkbox"/> R	6 TV, RADIO, STEREO <input type="checkbox"/> T S <input type="checkbox"/> R	7 HOUSEHOLD GOODS <input type="checkbox"/> T S <input type="checkbox"/> R	8 CONSUM. GOODS <input type="checkbox"/> T S <input type="checkbox"/> R	9 FIREARMS <input type="checkbox"/> T S <input type="checkbox"/> R	10 Narc./Dang. Drugs <input type="checkbox"/> T S <input type="checkbox"/> R	11 OTHER <input type="checkbox"/> T S <input type="checkbox"/> R	12 GN <input type="checkbox"/> T S <input type="checkbox"/> R
72. VEHICLE/TRAILER <input type="checkbox"/> STOLEN <input type="checkbox"/> THEFT FROM <input type="checkbox"/> OFFENDER'S											
73. PROPERTY INVENTORY NO. (SI)										74. VEH. INVENTORY NO.	

~~NARRATIVE~~ (Do not duplicate or rep)

ice or additional information only)

73. PROPERTY INVENTORY NO(S)

74 VEH NIMENORMAN

**NARRATIVE** (Do not duplicate or repeat information already contained in other reports)  
[REDACTED] [REDACTED]  
**Event #** [REDACTED]  
Victim's Bike & B [REDACTED]  
**SIDEWALK** stating "Nice Go To Man". As victim approached, offenders near sidewalk,  
offenders yelled "Do you want to sleep with me?"  
[REDACTED]

182. FLASH MESSAGE

away @ which time offenders pushed victim  
off his bike, punching him in the face,  
simultaneously, causing victim to fall  
on sidewalk; victim struck his head,  
offenders fled W/B [REDACTED] Victim  
had fallen moments later observing  
offenders getting into a vehicle traveling  
W/B [REDACTED] Flash msg. sent,  
Rd closed Area to No Avail.  
Victim injured, bleeding from mouth.  
Victim transported to [REDACTED]  
via CPD.

Victim treated (RELEASED) for  
lacerations to face/stitches by  
[REDACTED] M.D., ER Attending @ [REDACTED] Hospital  
On scene: CPD A6

I HAVE REVIEWED THIS REPORT  
AND BY MY SIGNATURE INDICATE  
THAT IT IS ACCEPTABLE.

SUPERVISOR'S SIGNATURE

[Signature] 1/16/96

DATE/DAY

16/11

FOR USE BY BUREAU OF INVESTIGATIVE SERVICES ONLY

I-UCR OFFENSE CODE - <input type="checkbox"/> 1 CORRECT <input type="checkbox"/> 2 REVISED		REV. CODE	I-UCR METHOD CODE	METHOD ASSIGNED <input type="checkbox"/> 1 FIELD <input type="checkbox"/> 2 ADMIN. <input type="checkbox"/> 3 SUMMARY	UNIT NO.	OFFICER ASSIGNED STAR NO.	DATE ASSIGNED	SUPV. STAR NO.	INVESTIGATIVE FILE <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO	REASSIGN <input type="checkbox"/> 1 YES
OFFICER REASSIGNED - STAR NO.		DATE	STATUS <input type="checkbox"/> 0 PROGRESS <input type="checkbox"/> 1 SUSPENDED <input type="checkbox"/> 2 UNFOUNDED <input type="checkbox"/> 3 CLEARED CLOSED <input type="checkbox"/> 4 CLEARED OPEN <input type="checkbox"/> 5 EXC. CLRD. CLOSED <input type="checkbox"/> 6 EXC. CLEARED OPEN <input type="checkbox"/> 7 CLOSED-NON-CRIMINAL	IF CASE IS CLEARED, HOW CLEARED (USE THIS BOX FOR SINGLE CLEAR UP OR FIRST CLEAR-UP OF MULTIPLE CLEAR UP LIST) <input type="checkbox"/> 1 ARREST & PROSECUTION <input type="checkbox"/> 2 DIRECTED TO FAMILY COURT <input type="checkbox"/> 3 COMPL. REFUSED TO PROSECUTE <input type="checkbox"/> 4 COMMUNITY ADJUSTMENT <input type="checkbox"/> 5 OTHER EXCEPTIONAL						
VICTIM IDENTIFIERS <input type="checkbox"/> 1 CORRECT <input type="checkbox"/> 2 REVISED		VICTIM NO.	REVISED NAME	REVISED ADDRESS				REVISED PHONE NO. <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS		
VALUE OF PROPERTY TAKEN/RECOVERED		<input type="checkbox"/> 1 DNA <input type="checkbox"/> 2 VERIFIED <input type="checkbox"/> 3 CORRECTED	FILL IN THE FULL AMOUNT OF ONLY THOSE VALUES WHICH EITHER DIFFER FROM OR WERE NOT REPORTED ON THE REVERSE, THE NARRATIVE OR A SUPPLEMENTARY REPORT.							
1 MONEY <input type="checkbox"/> T \$ <input type="checkbox"/> R	2 JEWELRY <input type="checkbox"/> T \$ <input type="checkbox"/> R	3 FURS <input type="checkbox"/> T \$ <input type="checkbox"/> R	4 CLOTHING <input type="checkbox"/> T \$ <input type="checkbox"/> R	7 OFFICE EQUIPMT. <input type="checkbox"/> T \$ <input type="checkbox"/> R	8 TV, RADIO, STEREO <input type="checkbox"/> T \$ <input type="checkbox"/> R	9 HOUSEHOLD GOODS <input type="checkbox"/> T \$ <input type="checkbox"/> R	10 CONSUM. GOODS <input type="checkbox"/> T \$ <input type="checkbox"/> R	11 FIREARMS <input type="checkbox"/> T \$ <input type="checkbox"/> R	12 NARC/DANG. DRUGS <input type="checkbox"/> T \$ <input type="checkbox"/> R	15 OTHER <input type="checkbox"/> T \$ <input type="checkbox"/> R
SERIAL NOS. OR IDENTIFICATION NOS.		<input type="checkbox"/> 1 DNA <input type="checkbox"/> 2 VERIFIED <input type="checkbox"/> 3 CORRECTED	LIST ALL CORRECTIONS & NEW OR ADDITIONAL NOS. OBTAINED							

REMARKS (PERTINENT INFORMATION NOT ON ORIGINAL REPORT)

Immediately notify the concerned credit card issuer or bank by telephone to reduce the possibility of being liable for the unauthorized use of your lost or stolen credit card or check. It is suggested that you also inform the credit card issuer or bank in writing as a follow-up measure to ensure proper notification.